M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06089

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 31 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital	STREET ADDRESS (If rural, give location) 415 Mitchell Ave.

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) L.	(Last) Ambrose	4. DATE OF DEATH	(Month) June (Day) 8, (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Mar. 2, 1893	9. AGE last birthday 56 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automatic Mechanic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Luray, Va.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James K. Ambrose		14. MOTHER'S MAIDEN NAME Betty Fleming			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 220-09-7565	17. INFORMANT Mrs. Harry L. Ambrose			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	minute
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Embolis	
93d	(c) Hypertensive cardiovascular disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 21 1949, to June 7, 1949 that I last saw the deceased alive on June 7, 1949, and that death occurred at 10:50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert T. Coadle		Hagerstown, Md.	6-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6-12-49	NAME OF CEMETERY OR CREMATORY Mt. Jackson, Cemetery	LOCATION (City, town, or county) (State) Mt. Jackson, Virginia
DATE REC'D BY LOCAL REG. June 10, 1949	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR F W Kraiss	ADDRESS F W Kraiss Hagerstown

RECEIVED
JUN 13 1949
BUREAU V. S.

06090

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 552 W. Church St.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) William (Last) Anderson

4. DATE OF DEATH (Month) 6 (Day) 30 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 3/23/1870
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY Labor
11. BIRTHPLACE (State or foreign country) Leetersburg, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ----------
14. MOTHER'S MAIDEN NAME ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-05-2736
17. INFORMANT Annie L. Anderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Arterio-sclerotic heart disease	3 years
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Vascular hypertension	3 years
131a	(c)	Arteriosclerotic kidneys	1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0 (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ 0
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from June 15, 1949, to June 30, 1949, that I last saw the deceased alive on June 30, 1949, and that death occurred at 6 45 p.m., from the causes and on the date stated above.

SIGNATURE J B Norment MD (Degree or title) 119 E. Antietam St ADDRESS Hagerstown, Md DATE SIGNED 7/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 2, 1949
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Maryland

DATE REC'D BY LOCAL REG. July 1, 1949
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR F.W.Kraiss ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 415

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06091

CERTIFICATE OF DEATH

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and nearest town) OR TOWN Rural Hagerstown — LENGTH OF STAY (In this place) 91 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash/
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown Rt. 1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Startzman (Last) Baker

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 17, 1862

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick A. Baker

14. MOTHER'S MAIDEN NAME: Sarah Startzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ------

17. INFORMANT: Frederick A. Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Decompensation	3 wks
450.0 95	(c) Generalized Arterio-Sclerosis	15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 15, 1949, to June 25, 1949, that I last saw the deceased alive on June 25, 1949, and that death occurred at 5 am. m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

G. D. Kohler — M.D. — Smithsburg — 6/26/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-27-49 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county): Hagerstown — (State): Md.

DATE REC'D BY LOCAL REG.: 6/27/49 — REGISTRAR'S SIGNATURE: Chas. A. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Hag. Md.

VS. A15

RECEIVED
JUN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06092

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 wks
Hospital, institution or street address where death occurred:
Gasbet Memorial Convalescent Home
How long in hospital or institution? 4 wks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Pa. County: Franklin
City or town: Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Waynesboro # 3
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Mattie Weybright Baker

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6.(b) Name of husband or wife: Charles H. Baker
6.(c) If alive, give age: 82 years

7. Birth date of deceased (mo., day, yr.): May 7, 1870

8. AGE:

Years	Months	Days	If less than one day
79	1	2	hrs. min.

9. Birthplace: near Keysville, Carroll Co. Md
(Town, county, and state)
10. Usual occupation: Home wife
11. Industry or business:

FATHER
12. Name: Samuel Weybright
13. Birthplace: Carroll Co. Md

MOTHER
14. Maiden name: Mary Anna Snader
15. Birthplace: Carroll Co. Md.

16. Informant: Mrs Walter Bramley
Address: Edgemont, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/1/49 (month) (day) (year)
Cemetery or crematory: Green Hill Cemetery
Location: Waynesboro, Pa.
18. Funeral director: Walter H. Gehr
Address: 27 S. Church St. Waynesboro, Pa.
19. June 29. 1949 (Date rec'd by registrar) Ghost Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28 1949, at 7.45 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1949 to June 28 1949
and that I last saw h[illegible] alive on June 29 1949
Immediate cause of death: Pulmonary Edema — DURATION: 24 hrs
Due to: Hemiplegia (R) — 2 mo
Due to: Cataract OS Senile — 10 yrs
Other conditions: 334 / 831
(Include pregnancy within 3 months of death)
Major findings of operation: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: G. G. Kohler M. D. or other
Address: Smithsburg Date signed 6/29/49

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06093

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M — The correct age

MARGIN RESERVED FOR BINDING

I — Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

T — PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 53 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 328 N. Jonathan Street

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) ALBERT (Last) BARNES

4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1/2/1879

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Mercersburg, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ramsey Barnes

14. MOTHER'S MAIDEN NAME: Elizabeth Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Elizabeth Barnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) GASTRIC CARCINOMA — Unknown

151 Antecedent cause (s)

46b Diseases or conditions, if any, giving risa to the above cause stating tha underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to tha death but not related to tha disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 14, 1949 to JUNE 6, 1949, that I last saw the deceased alive on JUNE 6, 1949, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

N. Alan Harris, M.D. — 65 Pennsylvania — 6/7/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6/9/1949 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md

DATE REC'D BY LOCAL REG.: June 8, 1949 — REGISTRAR'S SIGNATURE: Chas. H. Hoovers

24. FUNERAL DIRECTOR — ADDRESS: William A. Downey — 291 Fredrick St

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06094

Dr. Yeager

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (in this place): 1 Hr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chewsville; STREET ADDRESS (If rural, give location): Chewsville Leiterburg, Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Peyton	Benjamin	Barr	June	3.	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Oct. 7, 1885	63 yrs.	7	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Troy Laundry	Shippensburg Cumb. Co. Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Barr	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkoown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No	—	214-09-4861	Mrs. Ruth J. Barr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Asthma	28 yrs.
443 93d	(c) Hypertensive Cardiovascular Disease	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	No	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
No m.		—

22. I hereby certify that I attended the deceased from 8-5-, 1930, to June 3, 1949, that I last saw the deceased alive on June 3, 1949, and that death occurred at 11:55a. m., D.S.T., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W Hand Yeager	M.D.	Hagerstown Md.	June 4 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/5/49	Rest Haven Cemetery	Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 5. 1949	Chas H Bowers	Andrew K. Coffman Hagerstown Md.

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JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

TR 06095

CERTIFICATE OF DEATH

Reg. Dist. No. 3010

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade — LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Cornelius (Middle) Basil (Last)

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug 6, 1869

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Spencerville, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Basil

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: —

17. INFORMANT: Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (420.0 / 932)	(b) Arteriosclerosis and senility	"
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1949, to June 30, 1949, that I last saw the deceased alive on June 30, 1949, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas M. Arrington	M.D.	Ritchie Hospital, Cascade Md	6/30/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 4	Spencerville pvt mon	Montgomery Co

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 1 49	Geo. W Ferguson	Robert L. Sweeney	Rockville Md

VS. A15

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JUL 5 1949
BUREAU V. S.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06096

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg. LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) Viola (Last) Bere

4. DATE OF DEATH (Month) June (Day) 8 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct. 12. 1866

9. AGE last birthday 82-7-26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Rohersville Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Silas Norris

14. MOTHER'S MAIDEN NAME Sarah Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None.

17. INFORMANT J. Granville Bere 610-Summit Ave. Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Chronic myocarditis. — INTERVAL BETWEEN ONSET AND DEATH 5 yrs plus.

723.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arthritis deformans (Osteo-Arthritis) — 5 yrs plus.

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19 June 7, 1949, that I last saw the deceased alive on June 1, 1949, and that death occurred at A.M. (found dead in bed) m., from the causes and on the date stated above.

SIGNATURE Walter H Shrady M.D. (Degree or title) ADDRESS Sharpsburg Md DATE SIGNED 6/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE June-10-1949 NAME OF CEMETERY OR CREMATORY Rohersville Cemetery LOCATION (City, town, or county) Rohersville Wash. Co. Md. (State)

DATE REC'D BY LOCAL REG. 7-1-1949 REGISTRAR'S SIGNATURE Ed Boyer

24. FUNERAL DIRECTOR Wm. F. Bast & Sons Boonsboro Md ADDRESS

RECEIVED
JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06097

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 14 Yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nottingham Road	STREET ADDRESS (If rural give location) Nottingham Road

3. NAME OF DECEASED (Type or Print) (First) Grace (Middle) E. (Last) Branchman

4. DATE OF DEATH (Month) June (Day) 29 (Year) 1949

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 21, 1906 | 9. AGE last birthday 43 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) West Virginia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Marion Keith | 14. MOTHER'S MAIDEN NAME Lillie Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. ------- | 17. INFORMANT Mrs. Lillie Milton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002 Immediate cause	(a) Tuberculous Laryngitis	2-23-'49
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis Advanced	8-29-'47
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ — | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug. 29, 1947, to June 28, 1949, that I last saw the deceased alive on June 27, 1949, and that death occurred at 2 pm m., from the causes and on the date stated above.

SIGNATURE W. Howard Yeager (Degree or title) ADDRESS Hagerstown, Md DATE SIGNED 7-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF July 24 1949 | NAME OF CEMETERY OR CREMATORY Luthern Cemetery | LOCATION (City, town, or county) (State) Leitersburg Md

DATE REC'D BY LOCAL REG. July 1, 1949 | REGISTRAR'S SIGNATURE Chas H. Bowers | 24. FUNERAL DIRECTOR Scott F. Minnich & Son | ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06098

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 48 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 129 W. Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 129 W. Church Street

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (Last) BURDEN

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 6/10/1881

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Shenandoah City, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Vivian Hull

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY HEART DISEASE — Unknown

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 19 47 to June 5, 19 49, that I last saw the deceased alive on June 4, 19 49, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

N. Alan Haver M.D. — 651 Pennsylvania — 6/7/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | 6/8/1949 | Rose Hill Cemetery | Hagerstown Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE

June 8, 1949 | Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS

William H Devaney — 291 Frederick St

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06099

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County: Washington

City or town: Rural Smithsburg Md #2 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 yrs.

Hospital, institution, or street address where death occurred: Smithsburg Md., #2

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Washington

City or town: Rural (If outside city or town limits, write RURAL and give nearest town)

Street No.: Smithsburg #2 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: James Carbaugh

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W	Married

6.(b) Name of husband or wife: Laura P. Daywalt

6.(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): May 21, 1871

8. AGE:

Years	Months	Days	If less than one day
78	1	6	hrs. min.

9. Birthplace: New Baltimore Pa. (Town, county, and state)

10. Usual occupation: Labor

11. Industry or business

FATHER

12. Name: Caleb Carbaugh

13. Birthplace: South Mountain

MOTHER

14. Maiden name: Susan Hardsock

15. Birthplace: Pa.

16. Informant: Mrs. Laura Carbaugh

Address: Smithsburg Md., #2

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6/30/49 (month) (day) (year)

Cemetery or crematory: Smithsburg

Location: Smithsburg Md.

18. Funeral director: Walter Y. Grove

Address: 27 S. Church St., Waynesboro Pa.

19. June 28 1949 (Date rec'd by registrar) Geo W Ferguson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27 1949 at 80 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1949 to June 27 1949 and that I last saw him alive on June 27 1949

Immediate cause of death: Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: R. B. Brown M.D. M.D. or other

Address: Waynesboro Pa. Date signed: 6-27-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH — Dr. Layman

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Marylang; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (In this place): 1 Day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital	STREET ADDRESS (If rural, give location): 22 Elizabert St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Richard	C. and	Cox	June	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	single	June 28/49	yrs.		1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Hagerstown Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Roy C. Cox (erase W.)	Alyce M. Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Roy C. Cox

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
762.5 Immediate cause	(a) Atelectasis	25 hours
159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1949, to June 29, 1949, that I last saw the deceased alive on June 29, 1949, and that death occurred at 4:35 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. D. Layman	M.D.	Hagerstown, Md.	June 29, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/29/49	Manor Cemetery	Tilghaman.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 29. 1949	Ethel H. Bowers	Andrew K. Coffman,	Hagerstown Md.

RECEIVED
JUL 1 1949
BUREAU V. S.

Dr. Hirshman 101

Evidence for change in age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

303

Reg. Dist. No. 308

FILM No. G 121 AUG -4 1949

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Wilson, Md.
LENGTH OF STAY (In this place): 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fiddlesburg, Md.
STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) - (Last) Crum

4. DATE OF DEATH: (Month) June, (Day) 24, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Apr. 17, 1863

9. AGE last birthday: 86 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: no record

14. MOTHER'S MAIDEN NAME: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Frank Muritz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval between onset and death: ?

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1949, to June 24, 1949, that I last saw the deceased alive on June 24rd, 1949, and that death occurred at 1:06 P m., from the causes and on the date stated above.

SIGNATURE: Phillip R Hirshman (Degree or title) MD

ADDRESS: 159 W. Washington St.

DATE SIGNED: 6/25/49

23. BURIAL / CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 6 - 26-1949

NAME OF CEMETERY OR CREMATORY: Smithsburg Cemetery

LOCATION (City, town, or county) (State): Smithsburg, Md.

DATE REC'D BY LOCAL REG.: June 26. 1949

REGISTRAR'S SIGNATURE: Grace M. Lockhart Deputy

24. FUNERAL DIRECTOR: Andrew K. Coffman, Hagerstown, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 30 1949
BUREAU U. S.

Dr. Cohen

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06102

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearspring, Md. LENGTH OF STAY (in this place) 26 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearspring, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D.	STREET ADDRESS (If rural, give location) R. F. D.

3. NAME OF DECEASED (Type or Print)	(First) Richard	(Middle)	(Last) Cushwa	4. DATE OF DEATH	(Month) June (Day) 25, (Year) 19 49
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 24, 1875	9. AGE last birthday 74 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Williamsport, Md.	12. CITIZEN OF WHAT COUNTRY? U. S. A		
13. FATHER'S NAME William Cushwa		14. MOTHER'S MAIDEN NAME Margaret Kreigh			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY No.	17. INFORMANT Helen Cushwa			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF THE STOMACH	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

151

46b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION APRIL 23, 1949	19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF THE STOMACH	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DECEMBER, 1948, to JUNE 25, 1949, that I last saw the deceased alive on JUNE 25, 1949 and that death occurred at 6:15 PM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Archie Robert Cohen	M D	CLEAR SPRING, MARYLAND	6/26/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6 - 28-1949	St. Paul Cemetery	St. Pauls, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 26/49	Joseph W. Murray	Andrew K. Coffman,	Hagerstown, Md.

RECEIVED
JUN 29 1949
BUREAU T. S.

Dr. Victor Miller

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06103

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) one years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1405 Virginia Avenue.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1405 Virginia Avenue.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) C. (Last) Emmert
4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 9, 1875
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Near Funkstown Wash. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob W. Huffer
14. MOTHER'S MAIDEN NAME: Sarah E. Thomas.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: None.
17. INFORMANT: Huffer W. Emmert 1405 Virginia Ave Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 10 days ago
Antecedent cause(s) (b) arterio-Sclerosis — 10 years +
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Rheumatoid arthritis. — 10 years +

331
830a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. V

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to June 26, 1949, that I last saw the deceased alive on June 26 1949, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Victor D Miller DR. VICTOR D. MILLER, — ADDRESS 131 W. WASHINGTON ST. HAGERSTOWN, MD. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE June 29, 1949 — NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery — LOCATION (City, town, or county) (State) Boonsboro Washington Co. Md.

DATE REC'D BY LOCAL REG. June 28, 1949 — REGISTRAR'S SIGNATURE Elliott Bowers

24. FUNERAL DIRECTOR — ADDRESS Wm. D. Bast & Sons Boonsboro Md.

VS. A15

RECEIVED
JUN 30 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06104

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH· COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt #2 — LENGTH OF STAY (in this place) 9 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home	STREET ADDRESS (If rural give location) 123 John Street

3. NAME OF DECEASED (Type or Print)	(First) Maude	(Middle) V.	(Last) Everly	4. DATE OF DEATH	(Month) 6	(Day) 2	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 6-23-1883	9. AGE last birthday 65 yrs.	If under 1 year Months 11	Days 9	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boonsboro, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Andrew. Jackson Itnyre		14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Clarence W. Everly					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure - chronic	6 weeks
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio-vascular renal disease	?
131a	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None.	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1949, to June 2, 1949, that I last saw the deceased alive on June 2, 1949, and that death occurred at 2:35 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Archie Robert Cohen	M.D.	Clear Spring. Md.	June 4-1949.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6-4-49	NAME OF CEMETERY OR CREMATORY Funkstown Cemetery	LOCATION (City, town, or county) (State) Funkstown, Maryland
DATE REC'D BY LOCAL REG. June 4, 1949	REGISTRAR'S SIGNATURE [signature] Deputy	24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md.	ADDRESS

RECEIVED
JUN 29 1949
BUREAU V. S.

Countersigned
A. Robert Wells, M.D.
DEPUTY MEDICAL EXAM.
WASH. CO., MD.
June 26-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06105

CERTIFICATE OF DEATH

B City

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade — LENGTH OF STAY (in this place): 13 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 42 E Hamburg St

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Filling

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 5, 1865
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Filling
14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Hosp records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
903.7 Immediate cause	(a) Hypostatic pneumonia	3 days
1860 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intertrochanteric fracture, rt femur	5 days
	(c) Arteriosclerosis, severe	—

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Hospital
(CITY OR TOWN) Cascade (COUNTY) Washington (STATE) Md.
TIME OF INJURY (Month) June (Day) 19 (Year) 49 (Hour) 6 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Fell to floor while walking in ward

22. I hereby certify that I attended the deceased from May 12, 1949, to June 25, 1949, that I last saw the deceased alive on June 25, 1949, and that death occurred at 7 50 p m., from the causes and on the date stated above.

SIGNATURE: Thomas M. Arrington (Degree or title) M.D. ADDRESS: Ritchie Hospital, Cascade DATE SIGNED: Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 6/28/49
NAME OF CEMETERY OR CREMATORY: Holy Cross Cem
LOCATION (City, town, or county) (State): A. A. Co. Md.

DATE REC'D BY LOCAL REG.: 6/27/49
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Wm Cook Inc. 1217 St Paul Street ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Novenstein

Evidence for change in age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06106

FILM No. G 120 JUN 28 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 16 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Shomo Yards

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) Shomd Yards

3. NAME OF DECEASED (Type or Print): (First) Gene (Middle) Sheffler (Last) Finfrock

4. DATE OF DEATH: (Month) June (Day) 16, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov. 29, 1933

9. AGE last birthday: ~~16~~ 15 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): In school

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Leitersburg, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Verner Finfrock

14. MOTHER'S MAIDEN NAME: Grace Sheffler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Verner Finfrock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.1 Immediate cause (a) Chronic Myeloid Leukemia — Interval Between Onset and Death: aug 1944

74a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 1944, to June 16, 1949, that I last saw the deceased alive on June 16, 1949, and that death occurred at 11:10 P. m., from the causes and on the date stated above.

SIGNATURE Sidney Noverstein (Degree or title) M D ADDRESS Funkstown Md DATE SIGNED 6/17/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 6-19-1949; NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery; LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. June 17 1949; REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman, Hagerstown, Md. ADDRESS

RECEIVED
JUN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 06107

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hancock
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Sandy Mile, Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Hancock
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Flowers

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug. 21, 1928

9. AGE last birthday: 20 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman Potomac Edison

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lonzo Flowers

14. MOTHER'S MAIDEN NAME: Marie Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-24-7050

17. INFORMANT: Madeline Waugh Flowers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Gunshot wound through chest and heart region.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

E919.5
184

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: ----

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway

(CITY OR TOWN) Sandy Mile Road near (COUNTY) Hancock (STATE) Wash. Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): June 23 '49 8:35 m.p. EDT

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Gun accidently discharged while riding in car.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): S. Robert Mello, M.D., DEPUTY MEDICAL EXAM. WASH. CO., MD.

ADDRESS: Hagerstown, Md. 1157 N. Potomac St.

DATE SIGNED: 6/25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 27, 1949

NAME OF CEMETERY OR CREMATORY: Rogers Heights Lutheran

LOCATION (City, town, or county) (State): Washington Co., Md.

DATE REC'D BY LOCAL REG.: 6/27/49

REGISTRAR'S SIGNATURE: Jeff Keller

24. FUNERAL DIRECTOR: Charles R. Bast

ADDRESS: Hancock, Md.

RECEIVED
JUN 29 1949
BUREAU V. S.

06108

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural, Hagerstown
STREET ADDRESS (If rural give location) RFD # 5

3. NAME OF DECEASED (Type or Print) (First) Giosia (Middle) (Last) Forcino
4. DATE OF DEATH (Month) June (Day) 20 (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH June 10, 1878
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY Cement Co.
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Sabbatino Forcino
14. MOTHER'S MAIDEN NAME Maria Dallasandro
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Perry Forcino

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 wk

331

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

830

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Jan, 1949, to 20 Jan, 1949, that I last saw the deceased alive on 20 Jan, 1949 and that death occurred at 8:55 P.m., from the causes and on the date stated above.

SIGNATURE Elbert S. Hoachlin (Degree or title) M.D. ADDRESS Hagerstown Md DATE SIGNED 6/21/49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF June 23, '49
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Wash., Md.
DATE REC'D BY LOCAL REG. June 22, 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06109

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 428 Carrolton Ave.,

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) May (Last) Fulks

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 25, 1887

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Leonard Tanner

14. MOTHER'S MAIDEN NAME: Eva Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Alfred W. Fulks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac hypertrophy with congestive failure — Interval Between Onset and Death: 2 yrs (Circa)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 434.3 (c) 95C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anuria — 18 hours

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1949, to June 5, 1949, that I last saw the deceased alive on June 5, 1949, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. J. Layman, M.D. ADDRESS Hagerstown, Md DATE SIGNED June 6, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 9, 1949 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. June 6, 1949 — REGISTRAR'S SIGNATURE Blair H. Beavers

24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss

VS-A15

RECEIVED
JUN 8 1949
BUREAU T. S.

06110

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 10 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Smithsburg 'Rural'
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital	STREET ADDRESS (If rural give location): Smithsburg R.2.

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) May. (Last) Gardiner			4. DATE OF DEATH (Month) June. (Day) 26- (Year) 1949		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: May 5 - 1880	9. AGE last birthday: 69-1-21 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife	10b. KIND OF BUSINESS OR INDUSTRY: own Home	11. BIRTHPLACE (State or foreign country): Wolfsville Fred. Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: James Frey		14. MOTHER'S MAIDEN NAME: Melissa Frey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Franklin C. Gardiner Smithsburg Md. R.2			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intestinal Obstruction of Cecum — 2 days

570.5 Antecedent cause(s) following operation for same

122 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Adhesions from previous operation 30 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 30 yrs past,

19a. DATE OF OPERATION: 6/24/49	19b. MAJOR FINDINGS OF OPERATION: Intestinal Obstruction near Cecum	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1949, to June 26, 1949, that I last saw the deceased alive on June 26 1949, and that death occurred at 3.45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. C. Kohler	MD	Smithsburg	6/26/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: July 1, 1949	NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery	LOCATION (City, town, or county) (State): Washington D.C.
DATE REC'D BY LOCAL REG.: June 29, 1949	REGISTRAR'S SIGNATURE: Chas H. Bowers	24. FUNERAL DIRECTOR: Wm. F. Bast & Sons	ADDRESS: Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06111

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown, Md.
LENGTH OF STAY (In this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route # 2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gary	Wayne	Gilbert	June	26,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	single	Feb. 1, 1949	--- yrs.	4	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Hagerstown, Md.	U. S. A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dwight Edward Gilbert	Virginia Lee Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no no	none	Dwight Gilbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to aspiration of vomitus

921.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 195d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Hagerstown	Wash.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
June 26 1949 2 P m.		Trapped between spring and mattress

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS: 115 N. Potomac St. Hagerstown, Md. DATE SIGNED: 6/27/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/28/49	Rose Hill Cem.	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 28, 1949	Elbert H. Towers,	Andrew K. Coffman,	Hagerstown, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JUN 30 1949
BUREAU T. S.

Dr. Bell

06112

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 416 Guilford Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 416 Guilford Ave,

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Francis (Last) Heck

4. DATE OF DEATH: (Month) June (Day) 15, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 2, 1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months 4, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent

10b. KIND OF BUSINESS OR INDUSTRY: City Park

11. BIRTHPLACE (State or foreign country): Martinsburg, W. Va.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Jacob Henry Heck

14. MOTHER'S MAIDEN NAME: Annie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Mollie Heck

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease.	years
	(c)	

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: None.

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10 1949 to June 15, 1949 that I last saw the deceased alive on June 15, 1949, and that death occurred at 11:23A.m., from the causes and on the date stated above.

SIGNATURE: R. A. Bell (Degree or title) M.D. ADDRESS: Hagerstown, Maryland DATE SIGNED: June 16, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-18-1949

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: June 17, 1949

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman, Hagerstown, Md

RECEIVED
JUN 21 1949
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06113

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md
STREET ADDRESS (If rural give location) 35 W Bethel St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	LOUISE	JENKINS	6	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days / Hours / Min.
Female	Negro	Infant	June 17, 1949	yrs.	1 day 8 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Hagerstown, Md.	

13. FATHER'S NAME William R. Jenkins — 14. MOTHER'S MAIDEN NAME Edwina Jean Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature Baby 2lbs - 10 oz. (6½ mo) — 8 hrs

776 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 17, 19 49 to June 19, 19 49, that I last saw the deceased alive on June 19, 19 49, and that death occurred at 8:18 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas. H. Bowman	M.D.	Hagerstown Md	6/20/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/21/49	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 21, 1949	Chas. H. Bowers	William H. Downey	

RECEIVED
JUN 23 1949
BUREAU V. S.

Earl
Dr. Young

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06114

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
MARYLAND
LENGTH OF STAY (In this place): 20 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 545 Ridge Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 545 Ridge Ave

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) E. (Last) JOHNS

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 28, 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months 3 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Cavetown Wash, Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Jacob Johns

14. MOTHER'S MAIDEN NAME: Florence L. Sigler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 219-05-2289

17. INFORMANT: Mrs Minnie May

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart failure — Interval between onset and death: 6 mos

725 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 59c
(b) Arthritis — 6 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Asthma — 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/46, 19....., to 6/3/49, 19....., that I last saw the deceased alive on 6/1/49, 19....., and that death occurred at 2.00A m., from the causes and on the date stated above.

SIGNATURE: Earl Young MD (Degree or title) ADDRESS: Hagerstown, Md DATE SIGNED: 6/5/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/6/49
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md

DATE REC'D BY LOCAL REG.: June 6, 1949
REGISTRAR'S SIGNATURE: Elliott, Bowers
24. FUNERAL DIRECTOR: Andrew K. Coffman
ADDRESS: Hagerstown, Md

VS. A15

RECEIVED
JUN 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH TN 06115

2411 N. Charles Street, Baltimore

Dr. Conrad

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Breathedsville
LENGTH OF STAY (In this place): 2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Md. State Ref for Males

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Landover
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) TYLER (Last) JOHNSON

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 12 1930

9. AGE last birthday: 18 yrs. — If under 1 year: Months 10 — If under 24 hrs.: Days — Hours — Min. 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe-shine boy

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Landover Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Johnson

14. MOTHER'S MAIDEN NAME: Lena Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Files of Md. State Ref. for Males

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 3 mo.

002
13k

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apl 1, 1949, to June 15, 1949, that I last saw the deceased alive on June 14, 1949, and that death occurred at 6 00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert P. Conrad M.D. — ADDRESS: Hagerstown, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6-18-1949 | NAME OF CEMETERY OR CREMATORY: Western Cemetery | LOCATION (City, town, or county) (State): Catonsville, Balto. Co. Md.

DATE REC'D BY LOCAL REG.: June 16.1949 | REGISTRAR'S SIGNATURE: John N. Dask

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md

RECEIVED
JUN 21 1949
BUREAU V. S.

RECEIVED
JUN 21 1949
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr. Yeager

06116

Reg. Dist. No. 302

FILM No. G 12C JUL -5 1949

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (In this place): one yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 948 Maryland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural, give location): 948 Maryland Ave.

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Mae (Last) Kahl

4. DATE OF DEATH: (Month) June (Day) 26, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 17, 1891

9. AGE last birthday: 57 yrs. If under 1 year: Months 8, Days 9, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own

11. BIRTHPLACE (State or foreign country): Fairfield, Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Calvin Bream

14. MOTHER'S MAIDEN NAME: Catherine Rudisill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mary Catherine Kahl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchogenic Carcinoma Rt. Lung	Dec. 1948
162 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 47c	(b) Hypertensive Cardiovascular Disease	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: no (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 27, 1948, to June 26, 1949, that I last saw the deceased alive on June 25, 1949, and that death occurred at 12:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W Howard Yeager M.D. Hagerstown, Md. June 27, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-28-1949

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: June 28, 1949

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman, Hagerstown, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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JUN 30 1949
BUREAU V. S.

06117

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Bell

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): 2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 45 Harmans Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 45 Harmans Ave

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) JANE (Last) LOWMAN

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1949

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 4 1883

9. AGE last birthday: 65 yrs.
If under 1 year: Months 11; Days 4
If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pa Rouzersville Franklin Co

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Michael Lookabaugh

14. MOTHER'S MAIDEN NAME: Anna K. Lookabaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Katherime Wallick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis — Several months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
422.2
938
(b) None
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 25, 1949 to June 8, 1949, that I last saw the deceased alive on June 6 1949 and that death occurred at 3:00 P. m. from the causes and on the date stated above.

SIGNATURE: R A Bell (Degree or title): M.D. ADDRESS: Hagerstown, Md. DATE SIGNED: June 9. 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/13/49

NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery

LOCATION (City, town, or county) (State): Leitersburg Wash. Co. Md

DATE REC'D BY LOCAL REG.: June 9. 1949

REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md.

VS. A15

RECEIVED
JUN 11 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06118

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Fountain Head
STREET ADDRESS (If rural give location) Short Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alice	Roberta	Ludwig	June	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	12-11-1885	63 yrs.	5	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Hagerstown Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Grimm	Lillian Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	NONE	Augustus Ludwig Fountain Head

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Died during attack of angina pectoris	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic myocardial heart disease	17 yrs.
420.2 T3d	(c) Vascular hypertension	11 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thyroid (toxic) operation 1932

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	-------	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	---			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr. 6, 1939, to June 4, 1949, that I last saw the deceased alive on June 1, 1949, and that death occurred at 5:35 A. E.D.T. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Robert Wells	M.D.	115 N. Potomac St. Hagerstown, Md.	6/4/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-6-49	Rest Haven Cemetery	Hagerstown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 6 1949	Grant Bowers	C.M. SUTER & SONS	Hagerstown Md

RECEIVED
JUN 8 1949
BUREAU V. S.

Dr Bridges

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

16119

Reg. Dist. No. 3 01

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Blue Ridge Summit, Pa.
LENGTH OF STAY (In this place) 80yers
HOSPITAL OR INSTITUTION OR STREET ADDRESS Blue Ridge Summit, Pa.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Blue Ridge Summit, Pa.
STREET ADDRESS (If rural give location) Blue Ridge Summit, Pa.

3. NAME OF DECEASED (Type or Print): (First) Elias (Middle) Reuben (Last) McClain

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/1/1865

9. AGE last birthday: 83 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroader

10b. KIND OF BUSINESS OR INDUSTRY: Retired Railroader

11. BIRTHPLACE (State or foreign country): Sabillesville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter McClain

14. MOTHER'S MAIDEN NAME: Nancy Stem

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. E. R. McClain

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Colon

153 46e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intestinal Obstruction.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10, 1936 to 6/18, 1949 that I last saw the deceased alive on 6/18, 1949 and that death occurred at 11:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. Bridges M.D. Blue Ridge Summit, Pa. 6/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6/21/49 | NAME OF CEMETERY OR CREMATORY Bethel Church Cemetery | LOCATION (City, town, or county) (State) Washington County, Md.

DATE REC'D BY LOCAL REG. June 21-49 | REGISTRAR'S SIGNATURE Geo. W. Ferguson | 24. FUNERAL DIRECTOR ADDRESS Walter Y. Gise Waynesboro, Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 23 1949
BUREAU V. S.

Dr. Porterfield

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06120

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Cty. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 911 Potomac Ave.

3. NAME OF DECEASED (Type or Print): (First) Cecelia (Middle) N. (Last) McCormick

4. DATE OF DEATH: (Month) June (Day) 14, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow

8. DATE OF BIRTH: Nov. 22, 1880

9. AGE last birthday: 68 yrs. — If under 1 year: Months 7, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S.A.

13. FATHER'S NAME: Thomas McCormick

14. MOTHER'S MAIDEN NAME: Mary Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Cecelia L. McCormick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	4 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Diabetes	10 yrs
	(c) Arteriosclerosis	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 5, 1940, to June 14 1949, that I last saw the deceased alive on June 14, 1949, and that death occurred at 10:07 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
H. L. Porterfield	M.D. 136 W. Washington St	6/15/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-18-1949	Long Green Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 16, 1949	Chas. H. Bowers	Andrew K. Coffman, Hagerstown, Md.

VS. A15

RECEIVED
JUN 18 1949
BUREAU V. S.

06121

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearspring RFD #; STREET ADDRESS (If rural, give location) RURAL -Fairview Mt.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Claire	Virginia	Mills		June	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Nov. 8, 1918	30 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Indian Spring, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Roy Johnson	Rhoda Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mr. C. Clifton Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	PERFORATED APPENDIX WITH PERITONITIS	4 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

550.1
658

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC ADRENAL INSUFFICIENCY — UNKNWON

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JUNE 7, 1949, to JUNE 8, 1949 that I last saw the deceased alive on JUNE 8, 1949, and that death occurred at 8:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Curtis Robert Cohen M D	CLEAR SPRING, MARYLAND	JUNE 9, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 10, 1949	St. Paul's Cemetery	Near Clearspring, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 10, 1949	Chas. H. Towers	Edith V. Leaf ; Williamsport, Md.

VS. A15

RECEIVED
JUN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06122

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (In this place) 19 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS 2114½ Virginia Ave. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Bernard (Last) Minniebraker
4. DATE OF DEATH (Month) June (Day) 17 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 24, 1899
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Retail Store
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William A. Minnebraker
14. MOTHER'S MAIDEN NAME Mary Dunahugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World II
16. SOCIAL SECURITY NO. 213-24-8669
17. INFORMANT Mrs. Charles B. Minnebraker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease — 4 yrs

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 6/17/49, 19....., and that death occurred at 9:15a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Erlberg MD ADDRESS Hagerstown Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June, 19-49
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. June 19. 1949
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1949
BUREAU V. S.

06123

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 41 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital	STREET ADDRESS (If rural give location) 642 Highland Way

3. NAME OF DECEASED (Type or Print)	(First) Robert	(Middle) L.	(Last) Mitchell	4. DATE OF DEATH	(Month) June	(Day) 22	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-30-1891	9. AGE last birthday 58 yrs.	If under 1 year Months 0	Days 23	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Foreman	10b. KIND OF BUSINESS OR INDUSTRY W.M. R.R.	11. BIRTHPLACE (State or foreign country) Front Royal, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME William H. Mitchell	14. MOTHER'S MAIDEN NAME Willoth Burke						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 705-10-7758	17. INFORMANT Mrs. Robert L. Mitchell					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriolar nephrosclerosis c̄ uremia	Uremia 9 days
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension cardiovascular disease	1 1/2 yrs known
30d	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Luetic aortitis or aortic insufficiency; Luetic myocarditis — 1 1/2 yrs known

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 9, 1949, to June 22, 1949, that I last saw the deceased alive on June 21, 1949, and that death occurred at 5:35 A.M. D.S.T., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. D. Layman, M.D.		Hagerstown, Md	June 22, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6-24-49	NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REG. June 24, 1949	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 27 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

66124

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

1. PLACE OF DEATH
COUNTY: WASHINGTON
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
LENGTH OF STAY (in this place): 9 MOS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY: WASHINGTON
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
STREET ADDRESS (If rural give location): 401 S. POTOMAC

3. NAME OF DECEASED (Type or Print): (First) Thaddeus (Middle) (Last) Mitchell

4. DATE OF DEATH: (Month) JUNE (Day) 7 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: MAR 1, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: LANDIS MACH. Co.

11. BIRTHPLACE (State or foreign country): WAYNESBORO, PA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES H. MITCHELL

14. MOTHER'S MAIDEN NAME: JENNIE BITTINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 173-03-1048

17. INFORMANT: ARTHUR D. MITCHELL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia

153 Antecedent cause(s)

46a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of colon & metastasis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-6-49

19b. MAJOR FINDINGS OF OPERATION: Abdominal distention - fluid, enlarged liver

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Margaret Wilson M.D.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE: JUNE 10 1949

NAME OF CEMETERY OR CREMATORY: MT. ZION CEMETERY

LOCATION (City, town, or county) (State): WAYNESBORO RD 2 PENNA.

DATE REC'D BY LOCAL REG.: June 7. 1949

REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR: H. Marlin Doe

ADDRESS: WAYNESBORO, PA.

RECEIVED
JUN 9 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06125

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Washington · STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown / Tilghmanton
LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghmanton
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Ray (Last) Moats

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Whote

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-23-1882

9. AGE last birthday: 67 yrs. If under 1 year: Months 5 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harrisonburg, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Witlock

14. MOTHER'S MAIDEN NAME: Virginia Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Edward Moats

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Auricular Fibrillation - Heart Failure — Interval Between Onset and Death: 2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

499.1
95a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26/49, 19....., to 6/28/49, 19....., that I last saw the deceased alive on 6/28/49, 19....., and that death occurred at 8 PM m., from the causes and on the date stated above.

SIGNATURE: C F Young (Degree or title): M.D. ADDRESS: Williamsport, Md. DATE SIGNED: 6/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-30-49 — NAME OF CEMETERY OR CREMATORY: Manor Cemetery — LOCATION (City, town, or county) (State): Tilghmanton, Maryland

DATE REC'D BY LOCAL REG.: June 29, 1949 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: C.M. Suter & Sons, Hagerstown, Md. — ADDRESS:

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M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06126

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Middleburg Pike Near Hagerstown Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairplay Md. RFD #1
STREET ADDRESS (If rural, give location) RFD #1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Ida Kate Bingaman- Neff

4. DATE OF DEATH (Month) (Day) (Year) June 22 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 17 1838
9. AGE last birthday 70 yrs. If under 1 year Months 10 Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John Bingaman
14. MOTHER'S MAIDEN NAME Alice Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT John H. Neff (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chr. Myocarditis	2 yr
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage	2 wks
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10, 49, to 6-22-49, that I last saw the deceased alive on 6-22, 49, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 6/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 25 1949
NAME OF CEMETERY OR CREMATORY Broadfording Cemetery
LOCATION (City, town, or county) Hagerstown RFD (State) Md.

DATE REC'D BY LOCAL REG. June 24 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Edith V. Leaf Williamsport Md. ADDRESS

RECEIVED
JUN 27 1949
BUREAU T. S.

Evidence for change of age is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 JUN 24 1949

CERTIFICATE OF DEATH

06127

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Maryland — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital	STREET ADDRESS (If rural, give location): 136 N Artizan St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Ernest Horace Nichols

4. DATE OF DEATH (Month) (Day) (Year): June 14 1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	July 28 1888	60 ~~61~~ yrs.	10	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chief Engineer	units Deep Freezing	Iowa	U. S. A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Nichols	Lou Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No	214-09-2701	Lula Anson Nichols (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure, Metastasis to same

154 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma rectum c̄ metastasis liver — 8 mos

46d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: ~~May 3~~ June 7, 49

19b. MAJOR FINDINGS OF OPERATION: Carcinoma rectum c̄ metastasis liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1949, to June 14, 1949, that I last saw the deceased alive on June 13, 1949, and that death occurred at 10 55 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert V. Campbell MD		Hagerstown Md	6/14/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	June 17 1949	Lee & Sons	Washington D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 15, 1949	Chas H. Bowers	Edith V. Leaf	Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

16128

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Hagerstown~~ — LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Home.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Hagerstown~~ Hagerstown md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	Elmer	Paper	6	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	May. 29th 1879	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rail Road Engineer	Rail Road Engineer	none	Washington

13. FATHER'S NAME Illegitimate — 14. MOTHER'S MAIDEN NAME Molly. M. Paper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Can't find card
17. INFORMANT Margaret V. Fairest

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension.	1 yr
331 83a	(c) Arteriosclerosis.	1 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12, 1949, to 6-15, 1949, that I last saw the deceased alive on 6-12, 1949, and that death occurred at 2-55 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest F Poole	MD	Hagerstown, Md.	

25. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-17-1949	Rose Hill cemetery	Hagerstown	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 15, 1949	Chas. H. Bowers	Leo B. Hoover	Smithsburg md

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

TN 16129

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade; LENGTH OF STAY (In this place) 1 yr. 8 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annendale; STREET ADDRESS (If rural, give location) Normal Institute. ✓

3. NAME OF DECEASED (Type or Print): (First) Anthony (Middle) (Last) Podrazo

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1897

9. AGE last birthday: 52 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Podrazo

14. MOTHER'S MAIDEN NAME: Catherine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Liver	a few months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of stomach	?
	(c) right- hemiplegia and motor aphasia	3 yrs.

151
460

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-Sclerosis. Cerebro-vascular accident.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 24, 1947, to June 9, 1949, that I last saw the deceased alive on June 9, 1949, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE: Daniel Lai (Degree or title) M.D. ADDRESS: Ritchie Hospital, Cascade, Md. DATE SIGNED: June 9 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: June 13-1949 NAME OF CEMETERY OR CREMATORY: Annendale LOCATION (City, town, or county): Annendale (State): Maryland

DATE REC'D BY LOCAL REG.: 6/13/49 REGISTRAR'S SIGNATURE: Dep Local Reg

24. FUNERAL DIRECTOR: W. R. Chambers Co. ADDRESS: 5801 Cleveland Ave Riverdale: Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(6130)

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 230 Winter Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 230 Winter Street

3. NAME OF DECEASED (Type or Print): (First) Hugh (Middle) R. (Last) Presgraves

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 12, 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months 1 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Conductor

10b. KIND OF BUSINESS OR INDUSTRY: N.W.R.R.

11. BIRTHPLACE (State or foreign country): Vaughn Summit, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph T. Presgraves

14. MOTHER'S MAIDEN NAME: Margaret Vaughn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 719-05-5843

17. INFORMANT: Mrs. Hugh R. Presgraves

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis disease — 1 hour

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
131a (b) Hypertensive cardiovascular — known 3 mos. Presumably years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — known 3 mos. Presumably yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1949, to June 26, 1949, that I last saw the deceased alive on Jun 26, 1949, and that death occurred at 10:55 A.m., from the causes and on the date stated above.

SIGNATURE W. J. Layman (Degree or title) M.D. ADDRESS Hagerstown, Md. DATE SIGNED June 27, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-29-49

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: June 29, 1949

REGISTRAR'S SIGNATURE: Chas. H. Beavers

24. FUNERAL DIRECTOR ADDRESS: C.M. Suter & Sons, Hagerstown, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06131

Dr. Porterfield

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 3 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) Ravenwoods Heights

3. NAME OF DECEASED (Type or Print): (First) ISABEL (Middle) H (Last) SHAFER SCHLOSSER

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr 22 1894

9. AGE last birthday: 55 yrs. If under 1 year: Months 1, Days 21; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Boonsboro Wash. co. Md. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clarence Shafer

14. MOTHER'S MAIDEN NAME: Mary E. Lakin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Dr. Roger S. Schlosser

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	3 days
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	several years
61	(c) Hypertensive vascular disease	" "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1944, to June 13, 1949, that I last saw the deceased alive on June 13, 1949, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H.L. Porterfield M.D. ADDRESS: 136 W Washington st DATE SIGNED: 6/14/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 6/16/49; NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery; LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.: June 15, 1949; REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md.

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06132

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Yeager

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1202 Virginia Ave	STREET ADDRESS (If rural, give location) 1202 Virginia Ave

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) ALBRECHT	(Last) SHELDON	4. DATE OF DEATH	(Month) June 11 (Day) 1949 (Year) 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 6/28/93	9. AGE last birthday 55 yrs.	If under 1 year Months 11 Days 13 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. R. S. & Supply Corp.	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Albany Albany Co, N.Y.	12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME Philip Sheldon		14. MOTHER'S MAIDEN NAME Mary Kosengarten			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.# 1	16. SOCIAL SECURITY No. 304-10-5055	17. INFORMANT Mrs. Jessie L. Sheldon			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Infarction	24 hours
410 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aortic & Mitral Insufficiency	Feb. 2, 1944
92b	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb. 2, 1944, to June 11, 1949, that I last saw the deceased alive on June 11, 1949, and that death occurred at 6:20 P.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Howard Yeager	M.D.	Hagerstown, Md	June 13, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/14/49	Rest Haven Cemetery	Hagerstown Wash Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 14, 1949	Chas H. Bowers	Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

16133

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) ----
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Susie (Middle) Simpson (Last)

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) -----
8. DATE OF BIRTH Unknown 1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY -----
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -----
17. INFORMANT Fred Long

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	24 hrs.
410 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mitral Stenosis	5 yrs.
92b	(c) Arthritis Deformans.	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st, 1949, to 6-27, 1949, that I last saw the deceased alive on 6-26, 1949, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE Ernest F. Poole M.D. (Degree or title) ADDRESS 138 W. Washington Hagerstown Md. DATE SIGNED 6-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Buria
DATE THEREOF June 28, 49
NAME OF CEMETERY OR CREMATORY Wash. Co. Home
LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REG. June 28, 1949
REGISTRAR'S SIGNATURE Chas. F. Towers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

JUN 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore Dr. Beachley 06134

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (In this place): 9 Wks; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural, give location): 15 Bergers Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GLENDORA MAE SISK	June 13 1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Apr. 6 1895	54 yrs.	1	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Hagerstown Wash. Co. Md. U. S. A.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alphonso Cooper	Alice E. Byers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No —	None	Harold J. Sisk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 583a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	None	None		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
None m.	None	None

22. I hereby certify that I attended the deceased from June 6, 1949, to June 13, 1949, that I last saw the deceased alive on June 13, 1949, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. L. Beachley	M.D.	Hagerstown Md	June 14/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/15/49	Rose Hill Cemetery	Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 15, 1949	Chas. H. Bowers	Andrew K. Coffman	Hagerstown Md

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JUN 17 1949
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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06135

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital	STREET ADDRESS (If rural, give location) 221 E. Franklin St.

3. NAME OF DECEASED (Type or Print)	(First) Lewis	(Middle) Franklin	(Last) Smith	4. DATE OF DEATH	(Month) June (Day) 27 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 7, 1887	9. AGE last birthday 62 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Aircraft	11. BIRTHPLACE (State or foreign country) Hagerstown	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME William D. Smith	14. MOTHER'S MAIDEN NAME Cornelia Amne Buhrman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 188-09-5059	17. INFORMANT Howard F. Smith			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchogenic Carcinoma	3 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

162
47c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 March 1949, to 27 June, 1949, that I last saw the deceased alive on 27 Jun, 1949, and that death occurred at 6:25 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eldon L. Hoachlander	M.D.	Hagerstown Md.	6/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6-30-49	NAME OF CEMETERY OR CREMATORY Bethel Church of God	LOCATION (City, town, or county) (State) Bethel Md.
DATE REC'D BY LOCAL REG. June 30, 1949	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR Sctt F. Minnich & Son	ADDRESS Hag. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06136

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 423 Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 423 Church St.

3. NAME OF DECEASED (Type or Print): (First) Victor (Middle) A. (Last) Souders

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 25, 1882

9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Upholsterer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Daniel Souders

14. MOTHER'S MAIDEN NAME: Charlotte Stoner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Bessie S. Souders

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	Feb to June
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aortic stenosis + Insufficiency	years.
450.0 92a	(c) Arteriosclerosis - Generalized	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1949, to June 9, 1949, that I last saw the deceased alive on June 9, 1949, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Floyd A. Hoffman M.D. 214 N. Potomac St. Hagerstown Md. June 9-49

23. BURIAL CREMATION REMOVAL (Specify): Burial | DATE THEREOF: June 11-49 | NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: June 10. 1949 | REGISTRAR'S SIGNATURE: Blanche Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss - Hagerstown, Md. | ADDRESS

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BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06137

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cavetown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cavetown
~~STREET ADDRESS~~ (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Eugene (Middle) A. (Last) Spessard
4. DATE OF DEATH (Month) 6 (Day) 9 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept 5 1865
9. AGE last birthday 83 83 yrs. If under 1 year Months 9 Days 4 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher
10b. KIND OF BUSINESS OR INDUSTRY School Teacher
11. BIRTHPLACE (State or foreign country) Cavetown, Washington Co. Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel H. Spessard
14. MOTHER'S MAIDEN NAME Susan R. Hawkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Hon. D. Newman.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary infarction	48 hours
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardio vascular disease	10 yrs
93d	(c) Arteriosclerosis	20 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1947 to June 9, 1949 that I last saw the deceased alive on June 9, 1949 and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE G. F. Kohler (Degree or title) M.H. ADDRESS Smithsburg DATE SIGNED 6/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/12/49
NAME OF CEMETERY OR CREMATORY Cavetown Cemetery.
LOCATION (City, town, or county) Washington Co. (State) Md

DATE REC'D BY LOCAL REG. June 11-49
REGISTRAR'S SIGNATURE Geo. W. Ferguson local
24. FUNERAL DIRECTOR Walter Y. Grove ADDRESS Waynesboro, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06138

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND; LENGTH OF STAY (In this place) 35 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) Dwight (Last) Sprecher

4. DATE OF DEATH: (Month) June (Day) 18, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Sept. 20, 1905

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service station Oper.

10b. KIND OF BUSINESS OR INDUSTRY: Gasoline

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Ira D. Sprecher

14. MOTHER'S MAIDEN NAME: Claire M. Grove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Ira D. Sprecher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Glomerular nephritis — Interval between onset and death: 4 days

513 / 309 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Syphilis, tertiary, brain and cord; Alcoholism — Duration at least 2 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1949, to June 18, 1949, that I last saw the deceased alive on June 17, 1949 and that death occurred at 11:55 A.M. D.S.T., from the causes and on the date stated above.

SIGNATURE: W. D. Layman (Degree or title) M.D. ADDRESS: Hagerstown, Md DATE SIGNED: June 20, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/21/49 — NAME OF CEMETERY OR CREMATORY: St. Pauls Lutheran — LOCATION (City, town, or county) (State): Clear Spring, Md.

DATE REC'D BY LOCAL REG.: June 21, 1949 — REGISTRAR'S SIGNATURE: Chas. H. Towers

24. FUNERAL DIRECTOR: F. W. Kraiss — ADDRESS:

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JUN 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06139

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport
LENGTH OF STAY (In this place): 83 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: N. Conococheague St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport
STREET ADDRESS (If rurel, give location): N. Conococheague St.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Critzman (Last) Stenger

4. DATE OF DEATH: (Month) June (Day) 23, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 1, 1866

9. AGE last birthday: 83 yrs. — If under 1 year: Months 4 Days 1 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman Beam House

10b. KIND OF BUSINESS OR INDUSTRY: Tannery

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Jackson Stenger

14. MOTHER'S MAIDEN NAME: Martha Hege

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Lester Stenger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	30 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying ceuse last	(b) Myocarditis	2 years
	(c)	

4222
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19..., to June 7, 1949, that I last saw the deceased alive on June 7, 1949, and that death occurred at 11 P. m. from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Williamsport DATE SIGNED: 6/8/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 5, 1949	Riverview Cemetery	Williamsport, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 9-49	E Lee McElroy	Edith V. Leaf; Williamspport, Md.

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06140

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) HENRY (Last) STEWARD

4. DATE OF DEATH (Month) 6 / (Day) 6 (Year) 1949

5. SEX Male | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH 9/11/1869 | 9. AGE last birthday 79 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Keedysville, Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Asbury Steward | 14. MOTHER'S MAIDEN NAME Emma Barnum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Miss Viola M. Steward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CIRRHOSIS OF LIVER

586.0 Antecedent cause(s)

124b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) BILIARY OBSTRUCTION (CYSTIC DUCT)

(c)

INTERVAL BETWEEN ONSET AND DEATH approx. 2 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19e. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 25, 1949, to JUNE 6, 1949, that I last saw the deceased alive on JUNE 5, 1949, and that death occurred at 9:55 a.m., from the causes and on the date stated above.

SIGNATURE N. Alan Harris (Degree or title) M.D. ADDRESS 651 Pennsylvania DATE SIGNED 6/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 6/9/1949 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. June 8, 1949 | REGISTRAR'S SIGNATURE Chas H. Bowers | 24. FUNERAL DIRECTOR William H Downey ADDRESS 291 Friedrich St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr. Ditto

06141

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): 60 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washingtow. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 123 West Baltimore

3. NAME OF DECEASED (Type or Print): (First) LEAH (Middle) RHUDEALIA (Last) STOUFFER

4. DATE OF DEATH: (Month) June (Day) 5. (Year) 1948

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 8, 1875

9. AGE last birthday: 73 yrs. If under 1 year: Months 11, Days 27, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: OwnHome

11. BIRTHPLACE (State or foreign country): Mt Keedysville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Line

14. MOTHER'S MAIDEN NAME: Ann Rebecca Beachley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hiram J. Stouffer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Vascular Lesion — 4 yrs

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rh arthritis

938

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-14-48, to 6-5, 1948, that I last saw the deceased alive on 6-5-48, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE: Dr. D.W. Ditto (Degree or title) ADDRESS: Hagerstown Md DATE SIGNED: 6/6/48

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: June 7, 1949 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): HAGERSTOWN, MD.

DATE REC'D BY LOCAL REG.: June 7, 1949 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS: Hagerstown Maryland

RECEIVED
JUN 9 1949
BUREAU V. S.

06142

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - HAGERSTOWN RT #6
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS HAGERSTOWN RT. #6

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL * NEAR LEITERSBURG
STREET ADDRESS (If rural, give location) HAGERSTOWN RT. #6

3. NAME OF DECEASED (Type or Print) (First) LIZZIE (Middle) B. (Last) STRITE
4. DATE OF DEATH (Month) JUNE (Day) 21 (Year) 1949
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH AUG. 8, 1877
9. AGE last birthday 71 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) WASHINGTON COUNTY? MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ABRAM F. LANDIS
14. MOTHER'S MAIDEN NAME SARAH BREWBRAKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT ANDREW C. STRITE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis -	3 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arteriosclerosis	10-12 years.
	(c) Diabetes Mellitus	10 yrs

332
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 18 1949, to June 21, 1949, that I last saw the deceased alive on June 21, 1949, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. R. Kleinberg MD ADDRESS 148 W. Wash. St. Hagerstown Md. DATE SIGNED 6-22-49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 6/24/49
NAME OF CEMETERY OR CREMATORY MILLER'S MENNONITE CEM.
LOCATION (City, town, or county) (State) WASHINGTON CO. MD.
DATE REC'D BY LOCAL REG. June 22, 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 24 1949
BUREAU V. S.

~~Birth and~~ Death

86143

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 302

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

C

1. PLACE OF BIRTH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:
Washington County Hospital

Length of mother's stay in County 28 yrs.
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 145 Ray St.
(If RURAL give LOCATION)

3. Name of child Baby Boy Turner

4. Date of birth 6-1 1949 Hour 11 38 P. M. D.S.T.

5. Sex Male | 6. Twin or triplet

7. No. of weeks pregnancy 22 wks.

FATHER OF CHILD

8. Full name Carl Luther Turner

9. Color W 10. Age at time of this birth 29 yrs.

11. Usual occupation Sander

MOTHER OF CHILD

12. Full maiden name Juanita Emma Jones

13. Color W 14. Age at time of this birth 28 yrs.

15. Usual occupation Hanker at Ribbon factory.

16. Other children born to mother (not including present child): (a) How many children of this mother are now living?
(b) How many other children were born alive but are now dead? (c) How many other children were *born* dead?

17. Did child die before labor? No During labor? No

18. Pregnancy, complications of No

19. Labor: (a) Complications of No
(b) Induced? No

20. (a) Was there an operation for delivery? No (Yes or No)
(b) State all operations, if any No
(c) Did child die before operation? No
During operation?

21. Cause of ~~stillbirth~~. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
(a) Fetal causes Prematurity
(b) Maternal causes Premature rupture Amniotic Sac

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

776
160c

Signature Earl Young MD
(Specify if M. D., midwife, or other)

Address Hagerstown, Md.

23. (a) Cremation (Burial, cremation or removal) (b) Date thereof June 2, 1949 (month) (day) (year)
(c) Cemetery or crematory Wash. Co. Crematory

24. (a) Funeral director
(b) Address Hagerstown, Md.

25. (a) June 7, 1949 (Date rec'd by registrar) (b) Chas. H. Bowers (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

I

Child lived 1 hr. 37 min

T

V. S. A10

RECEIVED
JUN 9 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Dr. Wells

06144

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Breathedsville
LENGTH OF STAY (in this place) 20 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. State Ref for Males

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 224 So. Stricker St.

3. NAME OF DECEASED (Type or Print) (First) JACK (Middle) E (Last) WARNER
4. DATE OF DEATH (Month) June (Day) 4 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Nov 22 1926
9. AGE last birthday 22 yrs. If under 1 year Months 6 Days 12 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scale Man & Machine Sander
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Harry Warner
14. MOTHER'S MAIDEN NAME Anna Warner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) U.S. Navy
16. SOCIAL SECURITY No.
17. INFORMANT Records of Md. State Reformatory for Males

U.S. Naval Reserve # 826-87-68

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Closed Fracture of skull	10 min
	(c)	

810.7
170a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) State Penal Farm (CITY OR TOWN) Breathedsville (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) June (Day) 4 (Year) '49 (Hour) 11:40 A.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Crushed between truck + RR. car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells M.D. (Degree or title) Deputy Med Exam. Wash. Co. Md. ADDRESS Hagerstown, Md. DATE SIGNED June 5 '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 7, 1949
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) Baltimore Md. (State)
DATE REC'D BY LOCAL REG. June 5, 1949
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR A. K. Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 11 1949
BUREAU V. S.

Dr. Keadle

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06145

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 933 S. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 933 S. Potomac St.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Norman (Last) Weagley

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 4, 1885

9. AGE last birthday: 63 yrs. | If under 1 year: Months 6 Days 10 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heeler

10b. KIND OF BUSINESS OR INDUSTRY: Hag. Shoe Co.

11. BIRTHPLACE (State or foreign country): Greencastle, Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph H. Weagley

14. MOTHER'S MAIDEN NAME: Anna Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 214-09-5286

17. INFORMANT: Mrs. Raymond Myers, Waynesboro, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary edema, due to — 72 hrs.

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 934 (b) heart failure, due to Hypertensive Cardiovascular disease.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-11, 1949, to 6-14, 1949, that I last saw the deceased alive on 6-14, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert L. Keadle Hagerstown, Md. 6-15-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-16-49 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. June 16, 1949 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman, Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

116146

Reg. Dist. No. 06

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade
LENGTH OF STAY (In this place): 3 mos 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2557 Flora St.

3. NAME OF DECEASED (Type or Print): (First) ~~Hh~~ Joshua (Middle) (Last) Wells

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1949

5. SEX: M

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 5, 1864

9. AGE last birthday: 84 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wells

14. MOTHER'S MAIDEN NAME: Maria Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
149 Immediate cause	(a) Squamous cell Carcinoma, floor of mouth	UNKNOWN
45c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 2, 1949, to June 19, 1949, that I last saw the deceased alive on June 18, 1949, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas M. Orrington, M.D.

ADDRESS: Ritchie Hospital, Cascade, Md.

DATE SIGNED: 6/19/49

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF:

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State):

JUN 27 1949

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR:

ADDRESS:

RECEIVED
JUN 29 1949
BUREAU Y. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06147

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 64 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1042 Pope Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1042 Pope Avenue

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Virginia (Last) Worten
4. DATE OF DEATH (Month) June (Day) 26 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Nov. 17, 1864
9. AGE last birthday 84 yrs. If under 1 year Months 7 Days 9 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sharpsburg, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Ely Bussard
14. MOTHER'S MAIDEN NAME Jane Keller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Mrs. Earl Houser

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Uterus — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

174

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

48

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to June 26, 1949, that I last saw the deceased alive on June 26, 1949, and that death occurred at 6:30 P.M. from the causes and on the date stated above.

SIGNATURE J. K. Beachley (Degree or title) M.D. ADDRESS Hagerstown Md DATE SIGNED 6/27/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-29-49
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REG. June 29, 1949
REGISTRAR'S SIGNATURE Chas. H. Howard
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, ADDRESS Md.

RECEIVED
JUL 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Dr Wells 06148

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport R # 2
LENGTH OF STAY (in this place) 40 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kemps Mill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport R # 2
STREET ADDRESS (If rural, give location) Kemps Mill

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) VINCENT (Last) ZELLO

4. DATE OF DEATH (Month) June (Day) 7 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Nov 10 1878
9. AGE last birthday 70 yrs. If under 1 year Months 6 Days 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (State or foreign country) Bari Italy
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME No Record
14. MOTHER'S MAIDEN NAME No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. None
17. INFORMANT Frank Zello

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull

912.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Large multiple lacerations on both fore-arms

175a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY XX OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm
(CITY OR TOWN) Near Williamsport (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) June (Day) 7 (Year) 1949 (Hour) 9 A m.
INJURY OCCURRED While at work XXX Not while at work ☐
HOW DID INJURY OCCUR? Fell over into mowrer

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection XXX Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident XX suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) acting DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED 6/9/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/11/49
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown Wash. Co. (State) Md

DATE REC'D BY LOCAL REG. 6/10/49
REGISTRAR'S SIGNATURE E Lee McElroy
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 14 1919
BUREAU V. S.